FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012700 (5)

M.T.C. LABORATORY EQUIPMENT, INC.

Principal Place of Business

Mailing Address

19450 S.W. 184TH STREET MIAMI FL 33187 19450 S.W. 184TH STREET MIAMI FL 33187 FILED
Jun 22 1998 8:00am
Secretary of State



MINIMI (C GO!	·	MICHIEL COSTO		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
A D :				02/06/1997		
	Place of Business BIRO RO	2a. Mailing Address	2 1.2	4. FEI Number Oh 3 Applied For Applied For		
Suite, Apt.	# elc -	26 // 8 / 2/17 Suite, Apt. #, etc.		Not Applicable		
22	1474	27 # 41	<u>U</u>	5. Certificate of Status Desired \$8.75 Additional Fee Required		
23	SMI FL	28 MIAM	PL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z 331	75 Country	29 Zip 33175	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent		
DE	L CASTILLO, MANUEL	· · · · · · · · · · · · · · · · · · ·	81 Nar			
19450 S.W. 184TH STREET MIAMI FL 33187			82 Stre	00 Characteristics (D.O. David and C. S.		
			BZ Sire	82 Street Address (P.O. Box Number is Not Acceptable)		
71117			83			
			84 City	les 7-0-d-		
			84 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	the above-nam	ned corporation submits this statement for the purpose of changing its registered		
office or registered agent or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Stgnature, typical or pointed name of rings terms agent	· · · · · · · · · · · · · · · · · · ·		ature required whon reinstating) DATE		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		L J DELETE	1.1 TITLE	President _ Change Addition		
NAME AZDESZ LDDOGOG			1.2 NAMΓ	NICHOLAS CESARELLO		
STREET ADDRESS			13 STREET ADDRE	118#0		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP	MIAMI FL 33175		
NAME			2 1 TITLE 2 2 NAME	☐ Change ☐ Addition		
STREET ADDRESS						
CITY-ST-ZIP			2.3 STREET ADDRES	33		
TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 THLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	22		
CITY+ST-ZIP			3.4 CITY-S1-ZIP			
TITLE		DELETE	4.1 TITLE	Clarge Addition		
NAME			4. 2 NAME	- 1 , , 7		
STREET ADDRESS			4.3 STREET ADDRES	f		
CITY-ST-ZIP			4.4 City-St-ZiP	1/4/02		
TITLE		DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	ss		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ D€LE₹E	6.1 TITLE	Change Addition		
NAME			6.2 NAME	ROOORSECTE		
STREET ADDRESS			6.3 STREET ADDRES	ss -06/22/9801104030		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***150.00		
14. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exemption st	tated in Section 119.07(3)(i), Florida Statutes I further certify that the information signature shall have the same logal effect as if made under oath; that I am an		
officer or o	director of the communation or the rocein	you or trustee empowered to ex	ocute this report	reas required by Chapter 607, Florida Statules; and that my name appears in		
DIOCK 12 (or block tern changers, or on appailtable	injeni wiliji⁄an a ydre ss.	1			